

third at 7.30 P. M. If two meals only should be eaten, let the first be at 10 A. M. and the second at 7 P. M. Never to eat or drink between meals.

"Let the diet consist largely of eggs, cereals, starchy foods generally, green vegetables, and fruits.

"*a.* The eggs to be but little cooked (creams, custards).

"*b.* The starchy foods to be thoroughly cooked (mashed potatoes, stewed beans, lentils, revalsciére, racahout, lactated farina, panada, rice in all its forms, macaroni, biscuits, buns, hominy, oatmeal, etc.).

"*c.* The vegetables should also be well cooked (boiled, mashed carrots, turnips, peas, cooked salads, spinach, etc.).

"*d.* The fruits should be stewed, with the exception of strawberries and grapes.

"Use toasted bread instead of plain bread. Eschew from the dietary, game, fish, mollusks, crustaceans, old cheese, as well as liquid foods, and soups that are too thin.

"To be permitted: soups that have been thickened, gruels of various cereals, wheat, rice, Indian corn, etc.

"As for drinks, take only a tumblerful and a half of a mixture of light white wine with ordinary water or Alet water; no gaseous waters; no pure wine; no whiskey or other distilled liquid.

"You see the important part played by diet, and especially the vegetarian diet, in the treatment of gastrectasia."

CRIMINAL RESPONSIBILITY IN NARCOMANIA. By Norman Kerr, M.D., F.L.S. ("Medico-Legal Journal," Dec., 1889).

"In insanity it is now generally conceded that there is a lesion of the brain, though this cannot always be detected on a post-mortem examination. There is now as much evidence to show that there is a brain lesion in inebriety, that diseased condition which I have ventured to call narcomania (a mania for intoxication by any anæsthetic narcotic). In acute mania, as in delirium tremens, this lesion is usually quickly repaired. In some forms of mental unsoundness and of narcomania, this lesion is so persistent that a prolonged course of treatment is required, while in a sensible proportion of cases the lesion is practically irreparable.

"In the interests of justice as well as in fairness to the accused, in all cases of alleged criminal offences committed either while under the influence of an alcoholic or other anæsthetic, or by a known inebriate in a non-narcotic interval, there ought to be a skilled inquiry into the previous health-history and heredity of the panel at the bar."

A CONTRIBUTION TO THE STUDY OF EXOPHTHALMIC GOITRE. By Græme M. Hammond, M.D. ("New York Med. Jour.," Jan. 25, 1890).

After drawing attention to the fact of there having been very little advancement of original research in the pathology of the disease, the author drew especial attention to a symptom which deserves confirmation from others. This he called, from its first observer's name, "Dr. Louis Bryson's symptom," which consists in the inability of the patient under forced inspiration to expand the chest up to the normal extent. In every case examined this was confirmed. In some the loss of power to expand the chest was remarkable, and according to Dr. Bryson, when the expansion is reduced to half an inch or less, the termination of the case is invariably fatal, and was substantiated by Dr. Hammond in one case. In eight cases that recovered, the power of the chest-expansion was restored.

He refutes the theory that disease of the cervical sympathetic causes the disease, and considered the theory of a central lesion "to a circumscribed lesion affecting the vagus nucleus, vaso-motor nucleus, and the respiratory nucleus" more tenable, and supported by the case of Dr. W. Hale White, who "reported a case where the sympathetic was found to be healthy. A series of sections were made from the lowest part of the medulla to the corpora quadrigemina. At the level of the lowest part of the olivary nucleus there was, just under the posterior surface of the medulla, evidence of slight inflammation. The next few sections were quite healthy, but those in the neighborhood of the sixth nerve showed considerable changes. Immediately under the posterior surface of the medulla, extending from the mesial line as far out as the restiform bodies, which were slightly implicated, were numerous hæmorrhages. The area occupied by these hæmorrhages did not extend deeply, so that, except for a slight implication of the nerve-cells of the sixth nucleus on one side, the nerve-cells had escaped injury. The hæmorrhages seemed almost entirely limited to the posterior part of the *formatio reticularis*, but there were two or three small, deep ones. They were not marked